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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/580,255			ing Date 07/2006	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
	FOR	١	UMBER FI	.ED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
×	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A	1	N/A			N/A	300
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A	1	N/A			N/A	
	EXAMINATION FE (37 CFR 1 16(o), (p),		N/A		N/A		N/A			N/A	
(37	FAL CLAIMS CFR 1.16(i))		minus 20 =]	x \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =			l	x \$ = 1		1	X S =	
If the specification and drawings exceed 100 better of page, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						J					200
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	<u> </u>	ı	TOTAL	300
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) CIAMS HIGHEST							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	01/31/2011	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 16	Minus	20	= 0	ı	x s =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 1	Minus	···3	- 0	1	x s =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
ENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	**	-		X \$ =		OR	X 8 =	
Ω	Independent (37 CFR 1 16(h))		Minus	***	-]	X \$ =		OR	X 8 =	
Π̈́	Application Size Fee (37 CFR 1.16(s))					ı			ı		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This collection of information is required by 37 CFR 11.6. The information is required to define or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentially 35 opened by 38 opened by 38 CFR 11.6. This collection is estimated to take 12 nimulates to complete, including gathering, preparing, and submitting the completed application form to the USE 17.0. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CFR Information CFR. U. S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. NOT ISSO, J.